

MONTANA DIABETES SURVEILLANCE CLINICAL COMMUNICATION



Montana Department of Public Health and Human Services
Chronic Disease Prevention and Health Promotion Program
Room C317, Cogswell Building
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MONTANA TOBACCO



TRENDS IN SMOKING IN PREGNANCY IN MONTANA MOTHERS WITH AND WITHOUT DIABETES—1989 TO 2000.

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THE QUIT LINE IS BACK

1-866-485-QUIT (7848)

What is the Montana Tobacco Quit Line?

The Quit Line offers tailored, proactive tobacco use cessation information, counseling, and self-help materials to Montanans. It is funded through the Montana Tobacco Use Prevention Program at the Department of Public Health and Human Services (DPHHS) and all services are offered free of charge to callers. The Quit Line will be administered by the National Jewish Medical and Research Center in Denver, Colorado.

When will the Quit Line be available for Montanans?

Starting on May 10, 2004 – Montanans can call 1-866-485-QUIT.

The Quit Line can help ...

- Those ready to quit smoking (or chewing)
- Those thinking about quitting but who aren't quite ready yet
- Those who need help to stay tobacco free – including expectant mothers
- Someone you care about to quit using tobacco

MONTANA TOBACCO QUIT LINE
1-866-485-QUIT

Depending on the callers needs, the Quit Line offers:

- ✓ Self-help information and QuickFacts
- ✓ Community referrals to local smoking cessation resources
- ✓ Brief motivational interventions
- ✓ Counseling program – if ready to quit within 30 days
- ✓ Nicotine replacement therapy (gum and patches) at no cost to eligible participants
- ✓ Information and assistance to medical providers in Montana
- ✓ Fax referral form for medical providers to enroll patients completing and faxing the referral form below:

During times when the Quit Line is not in operation, the caller can leave a message and their call will be returned within one business day.

Health care professionals can enroll their patients into the quit line with their consent by faxing the referral form to the Quit Line.

For more information about the Quit Line please contact Georgiana Gulden at the Montana Tobacco Use Prevention Program (406-444-9617, e-mail: ggulden@state.mt.us) or contact the Quit Line directly at 800-639-7848.

Intake Call Hours:

Monday to Thursday: 7:00 am – 9:00 pm
Friday: 7:00 am – 7:00 pm
Saturday and Sunday: 8:00 am – 4:30 pm

Counseling Call Hours:

Monday to Thursday: 7:00 am – 10:00 pm
Friday: 7:00 am – 8:00 pm
Saturday and Sunday: 8:30 am – 4:30 pm

Health Care Provider Fax Referral Form

Montana Tobacco Quit Line
Release of Information

I, _____, give permission to the Montana Department of Public Health and Human Services to release information about my interest and participation in the Montana Tobacco Quit Line (1-866-485-QUIT) stop smoking / tobacco use program TO and FROM National Jewish Medical and Research Center (contractor for the Montana Tobacco Quit Line call center), 1400 Jackson Street, Denver, Colorado, 80206

The PURPOSE of this release is to request that National Jewish Medical and Research Center make an initial phone call to me to discuss participation in the Montana Tobacco Quit Line Program at 1-866-485-QUIT (7848).

This release shall be valid for eighteen months after the date below.

Date _____ Date of Birth _____

Signature of Participant _____ Date _____

Participant's phone number _____

PLEASE FAX THIS FORM TO:

Fax number: 800-551-6227
Attn: Quit Line Administrator – Mary Manolis

FROM:
Health care provider contact name: _____
Organization name: _____
Phone number: _____
Fax number: _____

TRENDS IN SMOKING IN PREGNANCY IN MONTANA MOTHERS WITH AND WITHOUT DIABETES—1989 TO 2000.

BACKGROUND

Smoking during pregnancy is associated with many adverse outcomes such as miscarriage, intrauterine growth retardation, and pre-term birth. Smoking during pregnancy is also associated with low birth weight, which is a predictor of infant and childhood morbidity and mortality. In addition to smoking, diabetes in pregnancy is one of the most common medical risk factors in pregnancy for Montana mothers. Together both diabetes and smoking during pregnancy are two major contributors to poor pregnancy outcomes in Montana. And it is particularly troubling to note increases in the rates of diabetes in pregnancy in both American Indian and white mothers in Montana over the past decade.¹ A recent national study found that both smoking in pregnancy and the average number of cigarettes smoked per day during pregnancy decreased considerably over the decade of the 1990s.² To identify if these national trends are evident in Montana, we conducted analyses of the rate of smoking in American Indian and white mothers with and without diabetes coded on the birth certificate between 1989 to 2000.

METHODS

Birth records from Montana vital statistics for the years 1989 to 2000 were utilized to ascertain live births among women in Montana. Montana residents with a live birth were included whether or not women were actually delivered in state or out of state. We excluded births to women who did not reside in Montana but who delivered in state. In addition, we excluded a small number of births among state residents whose race was

not categorized as American Indian or white (less than 1%).

Beginning in 1989, two questions were included on the Montana birth certificate to assess tobacco use in pregnancy (whether the mother used tobacco during pregnancy and the average number of cigarettes smoked per day). From 1989 through 1996, Montana birth certificates included a check box to indicate the presence of diabetes as a medical risk factor. In 1997, the birth certificate was modified to include two check boxes: one for "gestational diabetes" and the other for "pre-existing diabetes". Data analyses were conducted using SPSS software (Chicago, IL). Data for four three-year time periods were compared to assess trends in smoking in pregnancy and the mean number of cigarettes smoked per day in American Indian and white women with and without any form of diabetes.

RESULTS

From 1989 through 2000, 133,991 births to Montana women were recorded. The majority of Montana mothers were classified as white (87%) or American Indian (11%). There were no differences in the mean age of Montana women with a live birth from 1989 to 1991 (mean age 26.6 years, 95% CI 26.5-26.6) compared to 1998 to 2000 (mean age 26.7 years, 95 % CI 26.6-26.7). The total number of births with any diabetes in pregnancy recorded increased for American Indian (132 between 1989 to 1991 to 155 from 1998 to 2000) and white women (532 between 1989 to 1991 to 742 from 1998 to 2000) over the past decade in Montana.

The rate of smoking in pregnancy in American Indian and white mothers in Montana decreased significantly between 1989 to 1991 and 1998 and 2000 (Figure 1). During this time period, 2.3% of these mothers had any form of diabetes in pregnancy. The rate of smoking during pregnancy in Indian and white mothers without diabetes decreased from 20.0% in 1989 to 1991 to 17.9% in 1998 to 2000 (Figure 2). The rate of smoking in pregnancy in mothers with diabetes remained fairly constant over the decade (ranging from 20.7% to 22.5%).

Figure 1. Prevalence of smoking in pregnancy in American Indian and white mothers, Montana, 1989 to 2000.

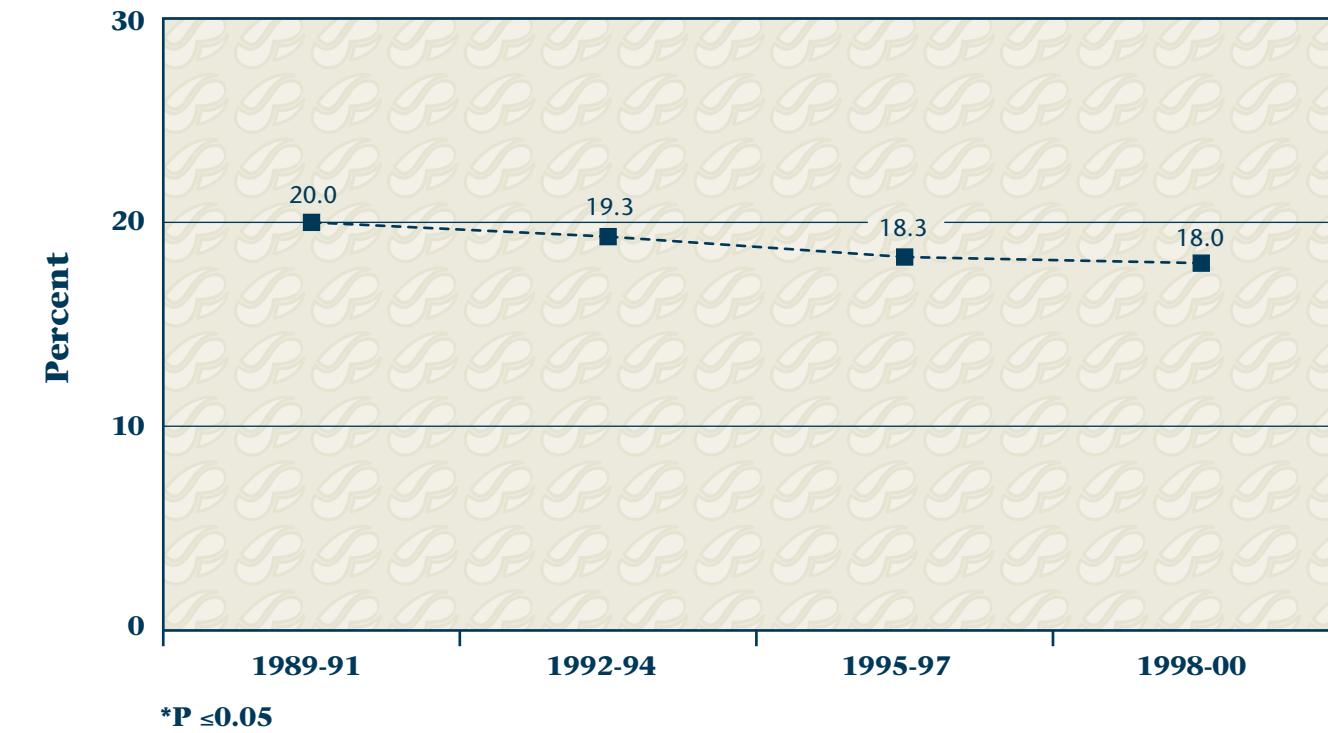
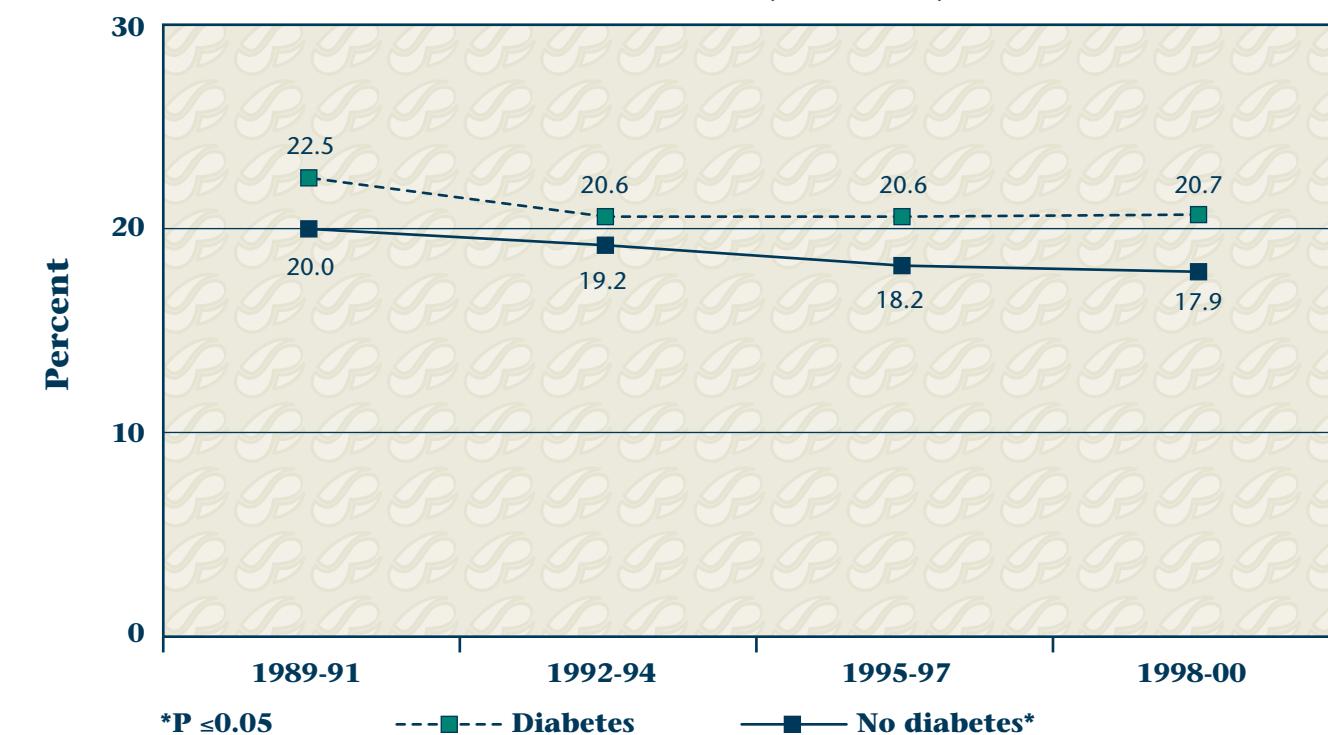
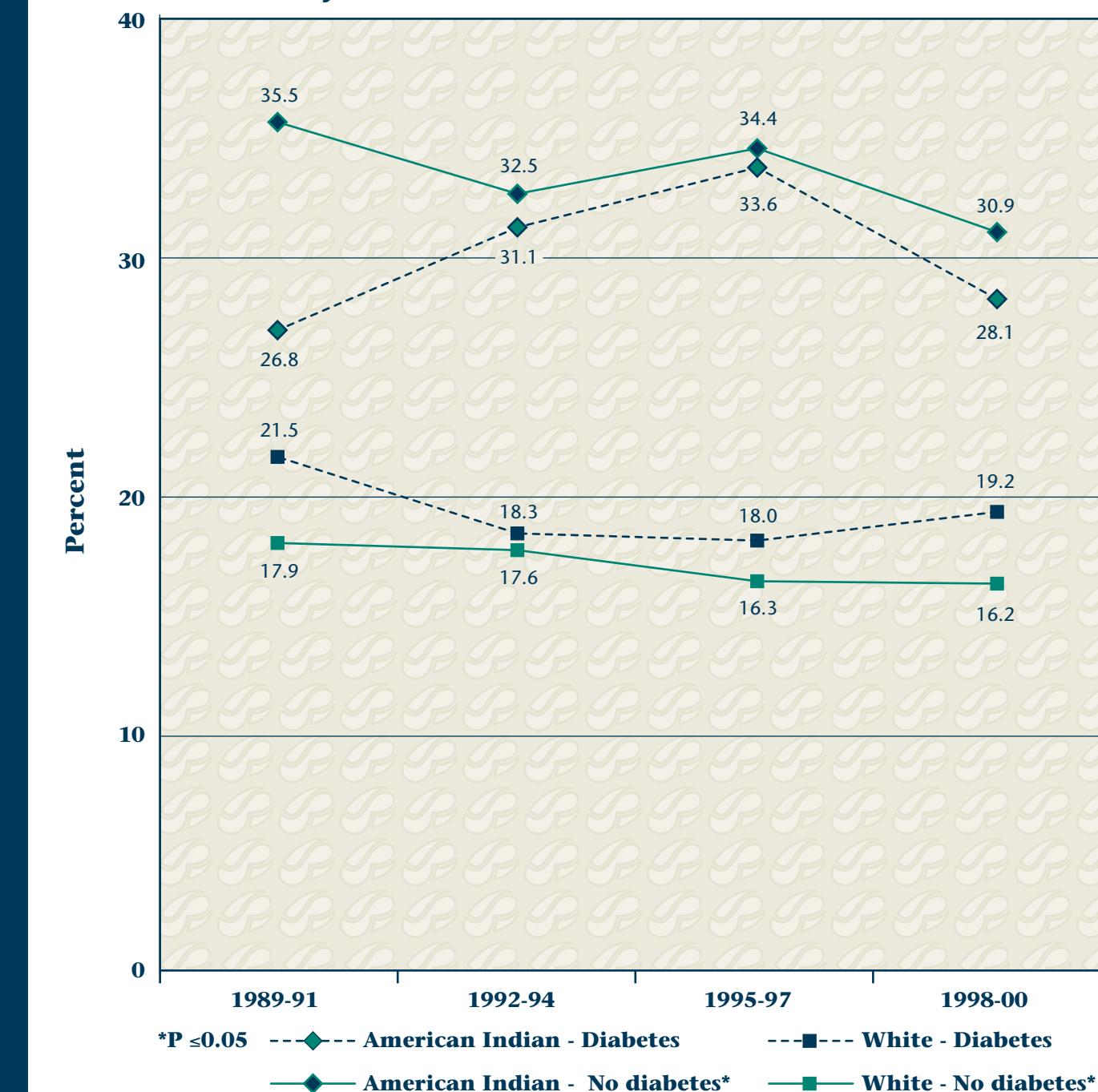


Figure 2. Prevalence of smoking in pregnancy in American Indian and white mothers with and without diabetes, Montana, 1989 to 2000.



In American Indian mothers without diabetes, the rate of smoking during pregnancy decreased from 35.5% in 1989 to 1991 to 30.9% in 1998 to 2000 (Figure 3). However, the rate of smoking in pregnancy in American Indian women with diabetes did not change significantly (26.8% in 1989 to 1991 to 28.1% in 1998 to 2000). A similar pattern was found among white mothers, where the rate of smoking in pregnancy decreased in those without diabetes (17.9% in 1989 to 1991 to 16.2% in 1998 to 2000), and remained stable in those with diabetes (21.5% in 1989 to 1991 to 19.2% in 1998 to 2000).

Figure 3. Prevalence of smoking in pregnancy in American Indian and white mothers, by diabetes status, Montana, 1989 to 2000.



Over the decade, the mean number of cigarettes smoked per day decreased in mothers with and without diabetes in pregnancy (Figure 4). The mean number of cigarettes smoked per day decreased in both American Indian mothers and white mothers with diabetes during this time period (Figure 5).

Figure 4. Mean number of cigarettes smoked per day during pregnancy in American Indian and white mothers with and without diabetes, Montana, 1989 to 2000.

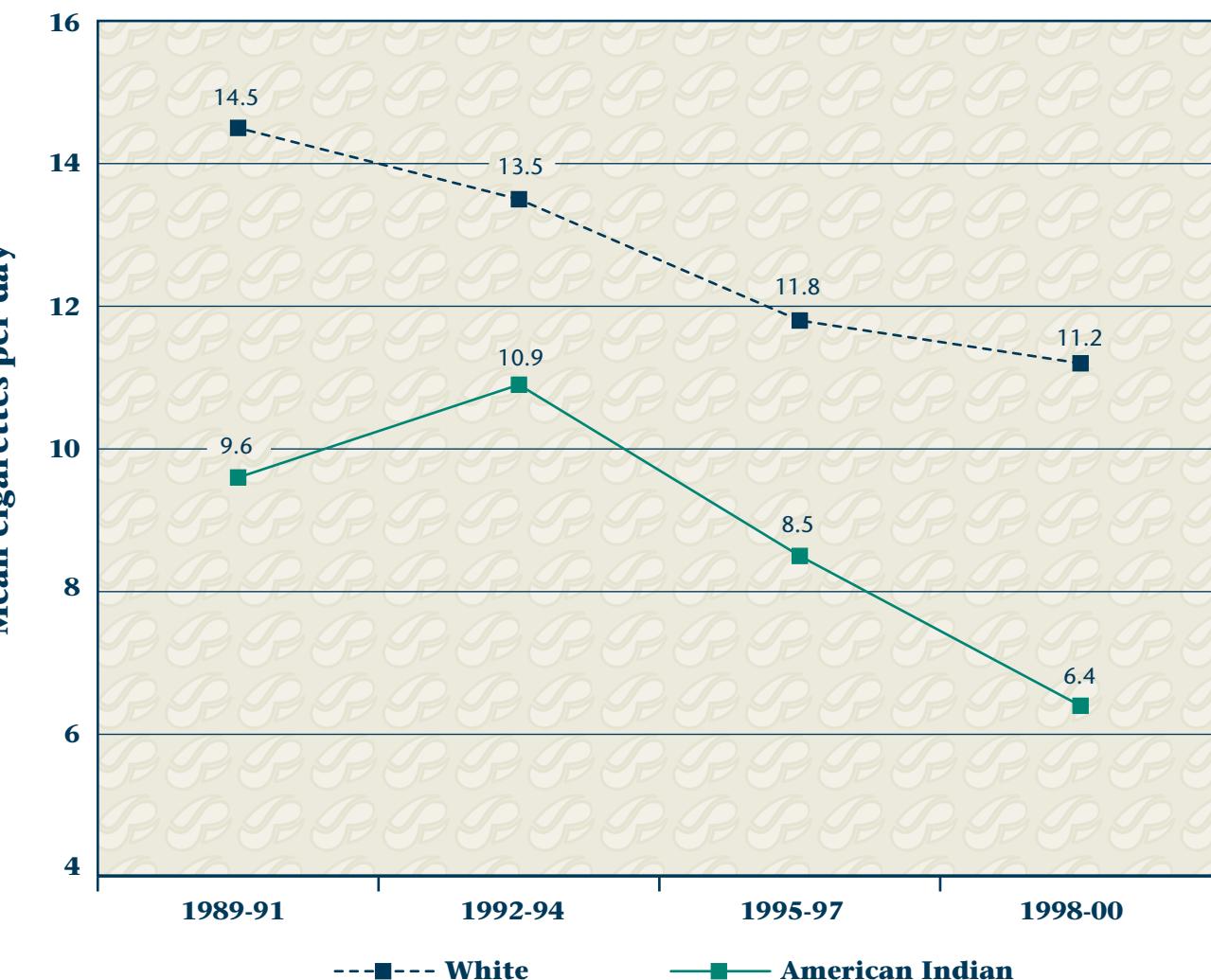


DISCUSSION

The adverse effects of diabetes and smoking on the pregnant mother and her child are well known and serious. It is discouraging that despite progress, smoking continues to be a problem among pregnant mothers in Montana and particularly among those with diabetes. The Quit Line has a program specifically designed for pregnant women. This service will provide a new

opportunity for all pregnant mothers who smoke and particularly those with diabetes to eliminate smoking as a contributor to adverse pregnancy outcomes. It is hoped that by accessing these services, smoking rates will decrease in both American Indian and white mothers in Montana.

Figure 5. Mean number of cigarettes smoked per day during pregnancy in American Indian and white mothers with diabetes, Montana, 1989 to 2000.



REFERENCES

- Ventura SJ, Hamilton BE, Mathews TJ, Chandra A. Trends and variations in smoking during pregnancy and low birth weight: evidence from the birth certificate, 1990-2000. Pediatrics 2003;111(5 Part 2):1176-80.
 - Montana Department of Public Health and Human Services. Increasing rate of diabetes in pregnancy among American Indian and white mothers in Montana, 1989-2000. Montana Diabetes Surveillance & Clinical Communication; January-March 2003.
- Reported by:** CS Oser, TS Harwell, SD Helgerson, D Gohdes, J Stetzer, G Gulden, Montana DPHHS

UPCOMING CONFERENCES FOR HEALTH PROFESSIONALS & PATIENTS/FAMILIES

The Montana Diabetes Project will be hosting the annual health professional conference on diabetes on Friday and Saturday, October 8-9, 2004 in Billings, Montana. Save the date!

WHAT IS THE MONTANA DIABETES PROJECT AND HOW CAN WE BE CONTACTED:

The Montana Diabetes Project is funded through a cooperative agreement with the Centers for Disease Control and Prevention, Division of Diabetes Translation (U32/CCU822743-01). The mission of the Diabetes Project is to reduce the burden of diabetes and its complications among Montanans. Our web page can be accessed at <http://ahec.msu.montana.edu/diabetes/default.htm>.

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